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1 South Ocean Ave, Suite 219
Patchogue, N.Y. 11772
Tel: 631-438-0246
By Appointment only

March 12, 2020

U.S. Customs and Border Protection
FOIA Division
799 9th Street NW, Mint Annex
Washington, DC 20229-1181

Re: Inmer Antonio Perez
8 First Street APT 1
New City, NY 10956

A# 206-431-198

DOB: 01/06/1993

Dear Sir/Madam:

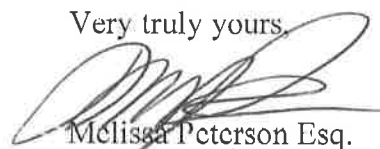
Please be advised that this office represents the above-referenced individual in connection with his immigration matter. As evidence of this fact, enclosed please find a duly executed Form G-28 and a copy of his ID.

In order to properly counsel Mr. Inmer Antonio Perez native of Guatemala, we respectfully ask to be provided with:

1. Entry & Exits documents in the time of entry 01/13/2014 Station Kingville, TX to current date.
2. Border Apprehensions

Accordingly, please treat this letter as formal request pursuant to the terms of the Freedom of Information Act. Should you need any further information or documentation, please feel free to contact my office.

Very truly yours,



McLissa Peterson Esq.

MP/pr

I Inmer Antonio Perez, currently residing at,
8 First Street Apt 1 New City, NY 10956 authorize the Department of State to
release all records about me to Youman, Madeo & Fasano, LLP with offices at 82-11 37th Ave
Suite 908 Jackson Heights NY 11372. I declare, certify, verify or state that, under penalty of
perjury under the laws of the United States of America, the foregoing is true and correct:

X

Signature

Date

03/12/2020

IDGTM21992541012009S2009<<<126
9301065M2103031GTM<<1038547820
PEREZ<<INMER<<<<<<<<<<<<<<<

1-800-4-A-PSA

INNER ANTONIO PEREZ MEJIA
ATTN: DANIEL A MEYER
C/O: YOUNAN MADEO AND FASANO LLP
82-11 37TH AVENUE SUITE 908
JACKSON HEIGHTS, NY 11372



U.S. Department of Justice

Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

INNER ANTONIO PEREZ MEJIA
ATTN: DANIEL A MEYER
C/O: YOUMAN MADEO AND FASANO LLP
82-11 37TH AVENUE SUITE 908
JACKSON HEIGHTS, NY 11372

Date: 09-04-2019

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

Subject Name

INNER ANTONIO PEREZ MEJIA

Search Completed Result

09-04-2019 E2019247000000236867

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

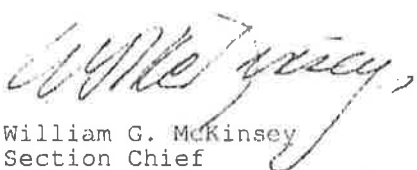
Date of Birth: 01/06/1993
Social Security number: XXX-XX-XXXX

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at www.fbi.gov/checks for further instructions.


William G. McKinsey
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z

NCN E2019247000000236867

DC000001Z
DO 556-73 REQ
FBI-CJIS-WV
BIOMETRIC TECHNOLOGY CTR
1000 CUSTER HOLLOW RD
CLARKSBURG, WV 26306

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z
TCN WVFBIJMOZ-20190904222252-EDO-0000-60154
AGENCY CASE D17051719238

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH
CONTAINED THE FOLLOWING DESCRIPTORS:

NAME PEREZ MEJIA, INNER ANTONIO

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	W	1993/01/06	600	150	BROWN	BLACK

STATE ID	BIRTH PLACE
NULL	GUATEMALA

CITIZENSHIP
GUATEMALA

OTHER BIRTH DATES	SCARS-MARKS-TATTOOS	SOCIAL SECURITY	MISC NUMBERS
NONE	NONE	NONE	NONE

ALIAS NAME(S)
NONE

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z

NCN E2019247000000236867

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY
SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE
DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME	FBI UCN	DATE REQUESTED
PEREZ-MEJIA, INMER ANTONIO	427088XD9	2019/09/04

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	W	1993/01/06	505	130	BRO	BLK

BIRTH PLACE
GUATEMALA

PATTERN CLASS	CITIZENSHIP
LS LS AU LS LS LS AU LS LS LS	GUATEMALA

1-ARRESTED OR RECEIVED 2014/01/13
AGENCY-CBP-BP STATION KINGSVILLE (TXCBP0700)
AGENCY CASE-206431198

FINGERPRINT INFORMATION
BSI/2000199098217
PRINT DATE/2014/01/13

PHOTO INFORMATION - 1 PHOTOS AVAILABLE
BSI/40019197361
POSE/ DESC/
PHOTO DATE/2014/01/13

CHARGE 1-ALIEN INADMISSIBILITY UNDER SECTION 212

COURT- ()
CHARGE-ALIEN INADMISSIBILITY UNDER SECTION 212
EXPEDITED REMOVAL (I-860)

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z
PART 2

NCN E2019247000000236867

- FBI IDENTIFICATION RECORD - FBI UCN-427088XD9

RECORD UPDATED 2019/09/04

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL
USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.



Freedom of Information/Privacy Act Request

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-639
OMB No. 1615-0102
Expires 06/30/2022

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act. However, using this form can help ensure we have the appropriate information to handle your request.

► **START HERE - Type or print in black ink.**

Part 1. Type of Request

Select **only one** box.

NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)
1.b. ☐ Amendment of Record (PA only)

Part 2. Requestor Information

1. Are you the Subject of Record for this request?
☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, skip to **Part 3.** If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2., Item Numbers 2.a. - 3.c.**

Representative Role to the Subject of Record

Select your representative role to the Subject of the Record.

- 2.a. ☒ An Attorney
2.b. ☐ An Accredited Representative of a Qualified Organization
2.c. ☐ A Family Member

Select the appropriate box to provide further information regarding your representative role to the Subject of the Record.

- 3.a. ☐ I am requesting information on behalf of my child or a minor I have guardianship over.
3.b. ☐ I am requesting information on behalf of someone who is deceased.
3.c. ☒ I am requesting information on behalf of someone for whom I have power of attorney.

Requestor's Full Name

- 4.a. Family Name (Last Name)
4.b. Given Name (First Name)
4.c. Middle Name

Requestor's Mailing Address

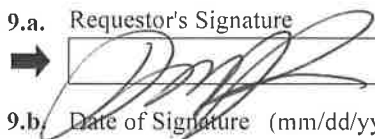
- 5.a. In Care Of Name (if any)
5.b. Street Number and Name
5.c. ☐ Apt. ☒ Ste. ☐ Flr.
5.d. City or Town
5.e. State 5.f. ZIP Code
5.g. Province
5.h. Postal Code
5.i. Country

Requestor's Contact Information

6. Requestor's Daytime Telephone Number
7. Requestor's Mobile Telephone Number (if any)
8. Requestor's Email Address (if any)

Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to **\$25.** (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

- 9.a. Requestor's Signature 
9.b. Date of Signature (mm/dd/yyyy)

Part 3. Description of Records Requested

While you are not required to respond to every **Item Number** in **Part 3.**, failure to provide complete and specific information may delay processing of your request or prevent U.S. Citizenship and Immigration Services (USCIS) from locating the records or information requested.

1. State the purpose of your request.

NOTE: This field is optional. However, providing this information may assist USCIS in locating the records and information needed to respond to your request.

All documents/records in connection

to: Inmer Antonio Perez

Full Name of the Subject of Record

2.a. Family Name (Last Name) Perez

2.b. Given Name (First Name) Inmer

2.c. Middle Name Antonio

Other Names Used by the Subject of Record (if any)

Provide all other names the Subject of Record has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Full Name of the Subject of Record at Time of Entry into the United States

5.a. Family Name (Last Name) Perez

5.b. Given Name (First Name) Inmer

5.c. Middle Name Antonio

Other Information About the Subject of Record

- 6.a. Form I-94 Arrival-Departure Record Number

▶

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- 6.b. Passport or Travel Document Number

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7. Alien Registration Number (A-Number) (if any)

▶ A-

2	0	6	4	3	1	1	9	8
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8. USCIS Online Account Number (if any)

▶

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9. Application or Petition Receipt Number

▶

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Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Family Member 1

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

11. Relationship

Family Member 2

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

13. Relationship

Parents' Names for the Subject of Record

Father

14.a. Family Name (Last Name) Perez Rivera

14.b. Given Name (First Name) Juan

14.c. Middle Name Antonio

Part 3. Description of Records Requested (continued)

Mother

15.a. Family Name (Last Name)

15.b. Given Name (First Name)

15.c. Middle Name

15.d. Maiden Name (if applicable)

16. Describe the records you are seeking. If you need additional space, use the space provided in **Part 6. Additional Information.**

All documents/records in connection
to: Inmer Antonio Perez

Part 4. Verification of Identity and Subject of Record Consent

Provide the information requested in **Item Numbers 1.a. - 7.** In addition, the Subject of Record **MUST** sign in **Item Numbers 8.a. - 8.c.**

Full Name of the Subject of Record

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Other Information for the Subject of Record

2. Date of Birth (mm/dd/yyyy)

3. Country of Birth

Mailing Address for the Subject of Record

4.a. In Care Of Name (if any)

4.b. Street Number and Name

4.c. ☒ Apt. ☐ Ste. ☐ Flr.

4.d. City or Town

4.e. State 4.f. ZIP Code

4.g. Province

4.h. Postal Code

4.i. Country

Contact Information for the Subject of Record

NOTE: Providing this information is optional.

5. Daytime Telephone Number

6. Mobile Telephone Number (if any)

7. Email Address (if any)

Part 4. Verification of Identity and Subject of Record Consent (continued)

Signature of the Subject of Record

Select only one box.

NOTE: The Subject of Record **MUST** provide a signature in **Item Number 8.a. OR Item Number 8.b.** If the Subject of Record is deceased, select **Item Number 8.c.** and attach an obituary, death certificate, or other proof of death.

8.a. ☐ Notarized Affidavit of Identity

IMPORTANT: Do **NOT** sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this _____

day of _____ in the year _____.

Daytime Telephone Number _____

Signature of Notary

My Commission Expires on (mm/dd/yyyy)

8.b. ☒ Declaration Under Penalty of Perjury

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

X _____
Signature of Subject of Record

03/12/2020
Date of Signature (mm/dd/yyyy)

8.c. ☐ Deceased Subject of Record

Part 5. Processing Information

1. Indicate if any of these circumstances apply to your request (Select all that apply).

- ☐ Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.
- ☐ An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.
- ☐ The loss of substantial due process rights.
- ☐ A matter of widespread and exceptional media interest in which there exists possible questions about the government's integrity which affects public confidence.

Submit a certified, detailed statement regarding the basis for your request with your Form G-639.

2. Do you have a pending Immigration Court hearing date?

☐ Yes ☒ No

If you answered "Yes" to **Item Number 2.**, submit a copy of one of the following documents with your Form G-639: I-862, Notice to Appear; Form I-122, Order to Show Cause; Form I-863, Note of Referral to Immigration Judge, or submit a written notice of continuation of a future scheduled hearing before the immigration judge.

Part 6. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Type or print the Subject of Record's name and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Subject of Record's Family Name (Last Name)

1.b. Subject of Record's Given Name (First Name)

1.c. Subject of Record's Middle Name

2. Subject of Record's A-Number (if any)

► A-

2	0	6	4	3	1	1	9	8
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3.a. Page Number 3.b. Part Number 3.c. Item Number

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3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

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6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

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7.d.



**Notice of Entry of Appearance
as Attorney or Accredited Representative**

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

**Part 1. Information About Attorney or
Accredited Representative**

1. USCIS Online Account Number (if any)

▶

Name of Attorney or Accredited Representative

2.a. Family Name
(Last Name) **Peterson**

2.b. Given Name
(First Name) **Melissa**

2.c. Middle Name **C**

Address of Attorney or Accredited Representative

3.a. Street Number
and Name **82-11 37th Avenue**

3.b. ☐ Apt. ☒ Ste. ☐ Flr. **908**

3.c. City or Town **Jackson Heights**

3.d. State **NY** 3.e. ZIP Code **11372**

3.f. Province

3.g. Postal Code

3.h. Country

USA

**Contact Information of Attorney or Accredited
Representative**

4. Daytime Telephone Number

7184784720

5. Mobile Telephone Number (if any)

6. Email Address (if any)

ymflaw@msn.com

7. Fax Number (if any)

7184784725

**Part 2. Eligibility Information for Attorney or
Accredited Representative**

Select **all** applicable items.

- 1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

Supreme Judicial Court of Massachusetts

1.b. Bar Number (if applicable)

692229

- 1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

Youman, Madeo & Fasano, LLP.

- 2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

- 4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☐ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)



5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) **Perez**

6.b. Given Name (First Name) **Inmer**

6.c. Middle Name **Antonio**

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)



9. Client's Alien Registration Number (A-Number) (if any)



A- 2 0 6 4 3 1 1 9 8

Client's Contact Information

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name **8 First Street**

13.b. ☒ Apt. ☐ Ste. ☐ Flr. **/**

13.c. City or Town **New City**

13.d. State **NZ** 13.e. ZIP Code **10956**

13.f. Province

13.g. Postal Code

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)
Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

1.a. ☐ I request that USCIS send original notices on an application or petition to the U.S. business address of my attorney or accredited representative as listed in this form.

1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

→ 

2.b. Date of Signature (mm/dd/yyyy) 03/10/2020

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy)

3/12/2020

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.c. Middle Name

2.a. Page Number	2.b. Part Number	2.c. Item Number

2.d.

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

[illegible]

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.